

**New Jersey Department of Health and Senior Services**  
**FOOD AND BEVERAGE VENDING MACHINE INSPECTION REPORT**

Establishment Trading Name		Name of Operator	
County		Municipality	
Number of Machines	Name of Inspecting Official		Date of Inspection

**REG. N.J.A.C.**

**8:24-11 SANITARY REQUIREMENTS**

- ☐ 11.2 Food supplies; wholesome, approved source.
- ☐ 11.3 Food protection, contamination minimized, temperatures maintained.
- ☐ 11.4 Special requirements; milk, fruits, packaging, thermometers.
- ☐ 11.5 Personal cleanliness; good hygienic practices, handwashing.
- ☐ 11.6 Interior construction and maintenance; properly constructed, easily cleanable.
- ☐ 11.7 Exterior construction and maintenance; properly constructed and installed.

**REG. N.J.A.C.**

- ☐ 11.8 Equipment location; properly located, handwashing facilities available.
- ☐ 11.9 Single service articles; properly stored, handled and dispensed.
- ☐ 11.10 Other equipment; ancillary equipment cleaned and maintained.
- ☐ 11.11 Water supply; adequate, meets sanitary requirements and properly protected.
- ☐ 11.12 Waste disposal; properly disposed.
- ☐ 11.15(b) Sanitizing agents; approved sanitizer used.

NOTED DEFICIENCIES	
ITEM NO.	REMARKS

Signature of Inspecting Official		Date
Name of Owner, Operator or Representative		Title
Signature of Owner, Operator or Representative		Date